DENTAL HYGIENE LOCAL ANESTHESIA APPLICATION

ADDRESS: PHONE NUMBER: Fee: Anesthesia credentialing application fee \$30.00 WREB anesthesia application fee \$10.00 Make check payable to the "Montana Board of Dentistry" Permit requested by WREB examination within 5 years: If you are requesting a local anesthesia application, along with the check for the appropriate fee. DO NOT COMPLETE THE SECTION BELOW. Permit requested by credentialing of WREB longer than 5 years: Please answer the following questions for credentialing only: 1) Are you currently licensed in the State of Montana as a dental hygienist? 2) Are you in the process of applying for a Montana dental hygiene license? YOU MUST SUBMIT VERIFICATION: of successful completion of a local anesthetic agent course given by a commission on dental accreditation (CODA) accredited dental or CODA accredited dental hygiene school. YOU MUST SUBMIT ONE OF THE FOLLOWING: 1) A letter from the school with the school seal affixed (original, no photocopies). 2) A notarized copy of the certificate of local anesthetic agent course completion. 3) A notarized copy of the dental or dental hygiene transcript with the local anesthetic agent course recorded. PROVIDE THE FOLLOWING: 1) Verification of successful completion of a WREB clinical local anesthetic agent examination. 2) Copy or copies of any local anesthetic agent license held in another state/s. 3) Written third party verification that the applicant has practiced administering local anesthetic agents within the last five years. I certify that the information submitted and all questions are true and accurate to the best of my knowledge. Signature of Applicant: Date: You may copy this portion of the application if you need more than one verification) Verification For Administration of LOCAL ANESTHESTIC AGENTS WITHIN THE LAST FIVE YEARS: Name of Dentist/Entity: Address: City/State/Zip: Phone/Fax; Period of Time practicing local anesthetic agents: SIGNATURE DATE		ENTAL HYGIENE LOCAL ANEST HESIA APPLICATION
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SIGNATURE DATE	Period of Time	practicing local anesthetic agents:
	SIGNATURE	DATE

Office use only: Approved for local anesthetic by credentialing